State of Idaho DIVISION OF PUBLIC WORKS

Performance Contract REQUEST FOR PAYMENT

SUBMIT ONE ORIGINAL

DPW PROJECT NO.						
Code #	AMOUNT					
СС						
Date						

Name and Location of Proj	ject						
Name and Address of Con	ntractor						
Request No.	For Period						
	то						
ANALYSIS OF CONT	TRACT AMOUN	T TO DATE					
Original Contract Amount				\$	(1)		
Net Amount of Change Orders through CO#				\$	(2)		
Adjusted Contract Amount (Line 1 + Line 2)				\$	(3)		
ANALYSIS OF WORL	K PERFORMED	(Attach Pay Estima	ate Breakdown)				
Value of Work Performed – not subject to retainage				\$	(4)		
Value of Work Performed – subject to retainage				\$	(5)		
Less Amount Retained Per Contract Terms							
(5% of Line 5 above, show % if different)%			%	(\$) (6)		
Net Amount Earned to Date (Line 4 plus Line 5 minus Line 6)				\$	(7)		
Less Previous Payme	ents			\$	(8)		
BALANCE DUE TH	IIS PAYMENT	Line 6 - Line 7)		\$	(9)		
	-	,		+			
CERTIFICATION OF	CONTRACTOR	<u> </u>					
I certify that the forego	oing is just and c	orrect and the amou	nt claimed is legall	v due after showing	all just credits.		
					an just or surts.		
Certified by Contractor				Date			
I certify that I have in	enected the abo	we work that to the	hast of my know	ledge it is in accor	d with contract		
requirements and that			. best of my know	neuge it is in accor	a war contract		
Certified by (Architect/Engineer)				Date			
Inspected by DPW FR				Date			
Recommended by		Recommended by		Final Documents Recei	ved (DPW		
SFR		PM		Coordinator)			
Approved by Administrator of Public Works				Date			
	Original Fis	ical Copies to: Contra	ictor, FR, A/E, DPW Con	tract File			
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State of Idaho DIVISION OF PUBLIC WORKS REQUEST FOR PAYMENT ESTIMATE BREAKDOWN Request No. For Period DPW Project No. TO Contractor may use substitute form only if VALUE OF WORK IS TO REFLECT ONLY ORIGINAL AMOUNT AND AUTHORIZED CHANGE ORDERS. approved by the Division of Public Works prior to (Change Orders are to be shown as separate line items on this form) start of Construction Previous Due this Item Value of **Description of Item** Value Comp **Work Completed** Application or **Payments** C.O. (1) (2) (3) (4) (5) (4 - 5) No. (2)X(3)(6) **ALL AMOUNTS BELOW ARE BEFORE RETAINAGES** **TOTAL OF COLUMNS DPW FR** Date Contractor Date

Use more pages if necessary.